PREMIUMS, DEDUCTIBLES, AND COPAYS

MediKids assures that families will always have access to affordable health insurance for their children. Families below 150 percent of poverty pay no premiums or cost sharing. Families between 150 percent and 300 percent of poverty pay reduced premiums and cost sharing. Parents above 300 percent of poverty are responsible for a small premium equal to one fourth of the average annual cost per child. Premiums are collected at the time of income tax filing. Premiums are not assessed during periods of equivalent alternative coverage. Families will never pay more than 5% of their adjusted gross income (AGI) for premiums.

Cost sharing is similar to the largest plans available to Members of Congress. There is no cost sharing for preventive and well childcare for any children. A refundable tax credit is provided for cost sharing above 5% of AGI.

FINANCING

Initial funding to be determined by Congress. In future years, the Secretary of Treasury would develop a package of progressive, gradual tax changes to fund the program, as the numbers of enrollees grows.

STATES

Medicaid and S–CHIP are not altered by MediKids. States can choose to maintain these programs. To the extent that the states save money from the enrollment of children into MediKids, states are required to maintain current funding levels in other programs and services directed toward the Medicaid population. This can include expanding eligibility or offering additional services. For example, states could expand eligibility for parents and single individuals, increase payment rates to providers, or enhance quality initiatives in nursing homes.

SUPPORTING ORGANIZATIONS

American Academy of Child and Adolescent Psychiatry (AACAP); American Academy of Family Physicians; American Academy of Pediatrics; Children's Defense Fund; Consumers' Union; Families USA; March of Dimes; National Association of Children's Hospitals; National Association of Community Health Centers; National Association of Public Hospitals and Health Systems; National Health Law Program.

Contact Deborah Veres at 225–4021 or deb.veres@mail.house.gov if you have any questions.

HONORING THE TEN TOWNS GREAT SWAMP WATERSHED MANAGEMENT

HON. RODNEY P. FRELINGHUYSEN

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 23, 2005

Mr. FRELINGHUYSEN. Mr. Speaker, I rise today to honor the Ten Towns Great Swamp Watershed Management Committee of Morris County, New Jersey, a vibrant organization I am proud to represent! On June 24, 2005 the Trustees and Friends of the Committee are celebrating its Tenth Anniversary.

The Great Swamp Watershed is a 55 square mile region in Morris and Somerset Counties and includes portions of Bernardsville Borough, Bernards Township, Chatham Township, Harding Township, Long Hill Township, Borough of Madison, Mendham Borough, Mendham Township, the Town of Morristown, and Morris Township.

The Ten Towns Great Swamp Watershed Management Committee was formed in 1995 through an Inter-municipal Cooperative Agreement among the ten municipalities that have lands within the Great Swamp Watershed. Developed under the auspices of the Morris County leadership group, Morris 2000 (now Morris Tomorrow), the Ten Towns Committee was formed for the specific purpose of developing and implementing a watershed management plan for the watershed in the Upper Passaic River basin of northern New Jersey.

Since its formation, the Ten Towns Committee has developed a full range of programs to protect water quality and water resources in the Great Swamp, including: a water quality monitoring program, development of environmental ordinances, and construction of ''Best Management Practices'' improvements to correct existing non-point source pollution conditions.

The Ten Towns Committee has been recognized as a model in the State of New Jersey and has received awards for its work from the U.S. Environmental Protection Agency and from the New Jersey Department of Environmental Protection.

Mr. Speaker, I urge you and my Colleagues to join me in congratulating the members of the Ten Towns Great Swamp Watershed Management Committee on the celebration of the Committee's ten years of service to the Great Swamp Watershed area. Special praise is due to their dedicated staff and active volunteers who work tirelessly to protect and enhance the Great Swamp National Wildlife Refuge and Wilderness Area.

INTRODUCTION OF THE ''SOUTHERN NEW JERSEY VETERANS COMPREHENSIVE HEALTH CARE ACT''

HON. FRANK A. LoBIONDO

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 23, 2005

Mr. LoBIONDO. Mr. Speaker, I rise today to introduce the ''Southern New Jersey Veterans Comprehensive Health Care Act''. I am proud to have Representatives JIM SAXTON, CHRIS SMITH, and ROB ANDREWS join me as original cosponsors of this legislation. My colleagues and I all share a serious concern that South Jersey veterans are not currently having their health care needs adequately served by the Veterans' Administration. In order to increase health care accessibility in our area, this bill directs the Secretary of the Department of Veterans' Affairs to expand the capability of the VA to provide for the medical care needs of vets in Southern New Jersey.

The issue of improved access to health services from the Department of Veterans' Affairs, is especially important with the growing number of veterans in Southern New Jersey. Many of our older veterans from World War II and other conflicts are in need of more frequent health care services and inpatient care. As a result of the continued fight in the Global War on Terror, there will be many new veterans in our area who need care in the coming years, as over 62 percent of the New Jersey National Guard is currently deployed, deploying, or has been deployed in support of the Global War on Terror. This percentage of Reserve Component forces from our State who will be eligible for veterans' status is growing rapidly.

As it relates to Southern New Jersey, I have serious reservations about the VA's access model for health care access, which currently says that adequate access is being provided if a veteran lives within 60 to 90 mile radius of a VA Medical Center. Today, despite falling within the VA's access model, veterans residing in Southern New Jersey must often travel several hours away, either to the neighboring states of Pennsylvania or Delaware, or to Northern New Jersey, in order to receive inpatient medical care and some outpatient services.

Although transportation is provided to the Wilmington, DE facility via a new handicapped-accessible van, these veterans often face a ten-hour round trip. Veterans riding a van from Southern New Jersey must board the van early in the morning, making several stops before reaching the VA facility, stay all day until each veteran has completed their appointment and then return home. This means that a veteran with a 4 p.m. appointment boards the bus at 8 a.m. and waits at the facility until 4 or 5 p.m. And, the veteran whose appointment is at 9 a.m. must wait to return home until the last appointment is completed, resulting in a 10 hour day of travel.

Of equal concern is that veterans have told me they simply do not use the services at these three facilities because of the transportation hardship. Southern New Jersey is a prime example of suppressed demand for VA health care.

The Southern New Jersey Veterans Comprehensive Health Care Act gives an overview of the VA health care access situation veterans are facing Southern New Jersey and proposes a choice of two workable solutions to this growing problem. The bill cites that the current and future health care needs of South Jersey veterans are not being met by the VA, travel times to existing VA facilities in Philadelphia and Wilmington may fall within VA's access parameters, but that these parameters fail to take into account that the area is rural, and that routes to the two VAMCs are congested, leading to a ''suppressed demand'' for care. It also outlines that the number of vets in the area is increasing as more retire in the area and new vets come back from being deployed in support of the War on Terrorism. States that 62 percent of the NJ Guard will have been deployed on active duty by the end of 2004.

This bill defines ''Southern New Jersey'' as the counties of: Atlantic, Cape May, Cumberland, Salem, Gloucester, Camden, Burlington, and Ocean and requires the VA Secretary to determine and notify Congress no later than March 15, 2006 as to how he will provide for the full service health care needs of South Jersey vets.

The Secretary of the Department of Veterans' Affairs is given two options for providing this improved access to health care for veterans in Southern New Jersey. The Secretary is given the choice of establishing a public-private partnership between the VA and an existing hospital (private-sector entity) in South Jersey—a ''VA Wing'', or construction of a full-service, 100 bed VA Medical Center (VAMC). If the VAMC option is chosen, the bill authorizes $120 M for the construction of the facility.

I am proud to introduce the Southern New Jersey Comprehensive Health Care Act with my New Jersey colleagues Congressman